



OWCP REGION IX - SAN FRANCISCO Federal Employees' Compensation Program

MEDICAL PROVIDERS: TIPS TO EXPEDITE PROCESSING BILLS, FORMS, & CORRESPONDENCE FOR FEDERAL WORKERS' COMPENSATION CASES

- ☐ **USE GEOGRAPHIC CASE NUMBERS:** All cases in OWCP/San Francisco are assigned a geographic case number. It consists of the injured worker's (IW's) 5-digit, mailing address zip code followed by 9 digits (starting with "13" for this FEC District). Example only:

99999-13-1111111
injured wkr's 9-digit case #
zip code

Use this geographic case number on each page of a bill, medical report, or other document you send to us. If you do not know the number, contact the IW or the IW's Federal employer (OWCP is not the employer). If an IW's mailing address zip code changes, the case number changes accordingly.

- ☐ **SUBMIT BILLS (originals, no duplicates/copies) ON CORRECT FORMS:**

(1) Providers who **must** submit itemized bills on a **legible, completed** Form HCFA 1500/OWCP 1500

Medical Doctors (M.D.)	Medical Groups	Medical Clinics
Osteopaths (D.O.)	Chiropractors (D.C.)	Physical Therapists (RPT)
Laboratories	Psychologists (PhD)	X-Ray Technicians/Radiologists
Acupuncturists		

(2) Providers who **must** submit itemized bills on a **legible, completed** Form UB-82/UB-92 or equivalent

Hospitals	Medical Centers (if a hospital)	Outpatient Surgical Centers
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(3) Providers who can submit itemized bills on their forms (prefer 8 1/2" x 11" size)

Ambulance Services	Pharmacies/Drug Stores	Dentists	Other Services
Medical Supplies/Equipment	Nursing Homes	Nursing Services	

- ☐ **INCLUDE REQUIRED INFORMATION ON BILLS:** To process payment for any bill from a provider, the bill must contain all of the information below.

- **Geographic case number**
- IW's full name spelled correctly
- Provider's 9-digit EIN (Federal Tax ID) number
- Provider's complete billing name and full billing address (zip code required)
- Bill itemized by AMA CPT-4 code (only one code per line). Cannot consider balance forward charges.
- Revenue Center Codes for non-procedural services [Category 2 above]
- Current AMA CPT-4 codes (USDOL cannot use State codes, such as, CA CPT codes)
- Provider's signature with degrees or credentials (stamps accepted) [Category 1 above]

- ☐ **SUBMIT BILLS ON NEW CASES THROUGH FEDERAL EMPLOYER:** Until you are advised of the IW's geographic case number, submit all bills, medical reports, and other documents through the IW's Federal employer for forwarding to OWCP.

- ☐ **USE CORRECT MAILING ADDRESS:** Send **ALL** bills (originals only), rejected bill and "Explanation of Benefits" (EOB) returns, and fee appeals to OWCP at **P.O Box 193798** (zip code 94119-3798). Send **ALL** medical reports (do not send with bills), medical/surgery authorization requests (note "**MED AUTH**" below return address on envelope for expediting), and other case-specific documents/correspondence to the P.O. Box address for the Claims Section with jurisdiction over the IW's mailing address zip code. Correspondence that does not relate to a specific case should be sent to the main OWCP/San Francisco P.O. Box address noted below.

